

ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE OF CHILD CARE LICENSING

PUBLIC SCHOOL LIST OF RESPONSIBLE PARTIES

To be filled out by those programs owned by the Public School District

List all those persons responsible for the district policies, procedures, and decisions. They may be the governing board, superintendent and may or may not include the principal.

Printed Name	Title	Address	Social Security # *	Date of Birth

DESIGNATED AGENT INFORMATION:

A. R.S. § 36-889(D) Each applicant or licensee shall designate an agent who is authorized to receive communication from the Department, including legal service of process, and to file and sign documents for the applicant or licensee.

The designated agent must be a resident of this state.

Agent Name: _____ Resident Address: _____

Business Address: _____

Resident Phone Number: (____) _____ Business Phone Number: (____) _____

Resident Fax Number: (____) _____ Business Fax Number: (____) _____

Attach a copy of one of the following for the designated agent:

A U.S. passport, a birth certificate, naturalization documents, or documentation of legal resident alien status per R9-5-201.A.5.j.

*Social Security Number is required by the Arizona Administrative Code R9-5-201.A.5.1.ii. for issuance of a child care license. Address and Social Security Number are confidential and will be redacted from public files.